

SENDER: COMPLETE

DELIVERY

- Complete items 1, 2, 3, and 4 if Restricted
- Print your name and address so that we can return the card to you.
- Attach this card to the back of the mailpiece, or on the front if space permits.

CERTIFIED MAIL
PLACE STICKER AT TOP OF ENVELOPE TO THE RIGHT
OF THE RETURN ADDRESS. FOLD AT DOTTED LINE

- ☐ Agent
☐ Addressee

B. Received by (Printed Name)

C. Date of Delivery

D. Is delivery address different from item 1? ☐ YesIf YES, enter delivery address below: ☐ No

3. Service type

- ☒ Certified Mail ☐ Express Mail
☐ Registered ☒ Return Receipt for Merchandise
☐ Insured Mail ☐ C.O.D.

4. Restricted Delivery? (Extra Fee)

☐ Yes

1. Article Addressed to:

Kenneth L. Lawson
332 Brookhaven St.
Cincinnati, OH 45215

2. Article Number

(Transfer from service label)

7011 0110 0001 4140 3471

PS Form 3811, February 2004

Domestic Return Receipt

102595-02-M-1540